U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - \8\76	2. Fiscal Year Covered From:		
	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John Howry	Name Teamsters Local Union 886		
	Labor Organization File Number 029-835		
P.O. Box, Bldg., Room No., if any P.O. Box 950200	P.O. Box, Building and Room Number, if any		
Street	Street 3528 W. Reno		
City Oklahoma City	City Oklahoma City		
State Oklahoma ZIP Code + 4 73195-020	Ob State Oklahoma ZIP Code + 4 73107-6136		
5. Position in labor organization. President - Business Ma	nager		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza B. Name and address of Employer (including trade name, if any)	tion represents or is actively seeking to represent.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City	0		
State ZIP Code + 4			
, sig	gnature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the second complete in the second complete in the second complete in the second complete in the second complete.)	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)		
Signed Safety Mally	On 8-9-05 (405) 947-2333		
TYPY NOT WELL	Date Telephone Number		

Name of Person Filing John Howry	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name United Parcel Service Trade Name, if any: UPS P.O. Box, Bldg., Room No., if any Street 901 S. Portland City Oklahoma City State Oklahoma ZIP Code + 4 73108-2011	9. Business deals with: X a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
		1990 - 19		
Name	50 M 10 - 100 M	PARAMETER PARAME		
Trade Name, if any:	Milder VY-Aven	And a		
P.O. Box, Bldg., Room No., if any		•		
portrainmental continues and the second contin		Y-over-Xv-		
Street	4.4 b. Approximate a delivery of the second			
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4				
Could Take the contraction and an analysis of the c	Wife and I received flowers of our child.	for the birth		
	12.b. Amount.	¢EO 00		
	TE.O. AIROUIL	\$50.00 approx.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	1177	Turmundo Carpano		
Trade Name, if any:	de la constant de la	- OPP-PRINCENCE CONTROL		
· ····································		Addition		
P.O. Box, Bldg., Room No., if any	WE THE COLUMN TO THE COLUMN TH	No-abstraction of		
Street	Windows and the second	o Digwy piwor a		
City	THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRE			
	THE PROPERTY OF THE PROPERTY O	\$4000/milly\epsilon		
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	0		

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Name of Person Filing John Howry	File Number U -			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Union Benefit Solutions Trade Name, if any: P.O. Box, Bldg., Room No., if any POBox 1159 Street 6656 N.W. 39th Exprwy, Suite 101 City Oklahoma City State Oklahoma ZIP Code + 4 73008	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Premium paid by insurance company for a AD&D insurance policy for members of local 886. According to plan all 886 members are eligible to policy. All members must regist individually for coverage if they want police.			
Street	11.b. Approximate dollar value of such dealing. \$1000.00 each M			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4	No monetary transaction between local and insurance company. Local 886 did not receive any monies.			
	12.b. Amount.			
	14.0. All Valle.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	-			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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8. Name and address of Business (including trade name, if any). Name Gibson & Associates Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 530 Street 301 N. W. 63rd City Oklahoma City State Oklahoma ZIP Code + 4 73116-7900	9. Business deals with: X a. Labor Organizati b. Trust c. Employer	ion		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		n occassions will work an grievance case.		
Street City State ZIP Code + 4		** The state of th		
	12.b. Amount.	\$100.00		
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	0		